



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E328888**

| | | |
|--------------------------------------|---|--|
| INTERSTATE <input type="checkbox"/> | CITY STREET <input type="checkbox"/> | FIRE RESULTED <input type="checkbox"/> |
| STATE ROUTE <input type="checkbox"/> | OTHER <input checked="" type="checkbox"/> | STOLEN VEHICLE <input type="checkbox"/> |
| COUNTY RD <input type="checkbox"/> | PRIVATE WAY <input type="checkbox"/> | HIT & RUN INVOLVED <input checked="" type="checkbox"/> |

| | |
|---------------------|----------|
| CASE # | 14-01176 |
| LOCAL AGENCY CODING | |
| TOTAL # OF UNITS | 02 |
| OBJECT STRUCK | |

| | |
|--------------------|--|
| TRIBAL RESERVATION | |
|--------------------|--|

| | | | | | | | | | | | |
|-------------------|----|----|------|------|----|---|---|-------------|----------|-------|--------|
| M | M | D | D | Y | Y | Y | Y | TIME (2400) | COUNTY # | MILES | CITY # |
| DATE OF COLLISION | 05 | 19 | 2014 | 1232 | 31 | | | N S | E W | IN OF | 0664 |

| | | |
|--------------------------|---|--|
| ON (PRIMARY TRAFFIC WAY) | INTERSECTION <input type="checkbox"/> | NON-INTERSECTION <input checked="" type="checkbox"/> |
| S LAKE STEVENS RD | BLOCK NO. <input checked="" type="checkbox"/> | 1920 |
| | MILE POST | |

| | | | | | | | | | | |
|----------|---|----|-------|------|---------------------------------------|----------------------------|---------------------------------------|----------------------------|--------------------------------|------------|
| DISTANCE | 5 | 00 | MILES | FEET | N <input checked="" type="checkbox"/> | E <input type="checkbox"/> | S <input checked="" type="checkbox"/> | W <input type="checkbox"/> | OF (REFERENCE OR CROSS STREET) | 20TH ST SE |
|----------|---|----|-------|------|---------------------------------------|----------------------------|---------------------------------------|----------------------------|--------------------------------|------------|

| | | | | |
|---------|---|--------------------------------------|--|-------|
| UNIT 01 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | PHONE |
|---------|---|--------------------------------------|--|-------|

| | | | |
|-----------|---------|------------|----------------|
| LAST NAME | UNKNOWN | FIRST NAME | MIDDLE INITIAL |
|-----------|---------|------------|----------------|

| | |
|--------------------|--|
| STREET NEW ADDRESS | |
|--------------------|--|

| | | |
|------|----|-----|
| CITY | ST | ZIP |
|------|----|-----|

| | | |
|-----|--------------|--------------|
| CDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

| | | | | | |
|--------------------|-------|-----|---|--------|----------|
| DRIVER'S LICENSE # | STATE | SEX | U | D.O.B. | MMDDYYYY |
|--------------------|-------|-----|---|--------|----------|

| | | | | | | | | | | | | |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 9 | RESTR. | 9 | EJECT | 9 | HELMET USE | 9 | INJURY CLASS | 0 | NATURE OF INJURIES |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|

| | | |
|-----------------|-------|------|
| LICENSE PLATE # | STATE | VIN# |
|-----------------|-------|------|

| | | | |
|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

| | | | | | | | | | |
|-----------|------|------|-------|-------|-------|----|---|----------|---|
| VEH. YEAR | MAKE | TOYT | MODEL | TACOM | STYLE | PK | VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|------|------|-------|-------|-------|----|---|----------|---|

| | |
|------------------------|--|
| REGISTERED OWNER INFO. | |
|------------------------|--|

| | | | |
|---|-------------------------|------------|--------|
| LIABILITY INSURANCE IN EFFECT <input type="checkbox"/> | INSURANCE CO & POLICY # | CITATION # | CHARGE |
| VEHICLE LEGALLY EXAMINED YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |



| | | | | | | | |
|---------|---|--------------------------------------|-------------------------------------|---|--|-------|---------------|
| UNIT 02 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input type="checkbox"/> | DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | PHONE | D: 4252937196 |
|---------|---|--------------------------------------|-------------------------------------|---|--|-------|---------------|

| | | | | |
|-----------|-----|------------|----------------|---|
| LAST NAME | DAY | FIRST NAME | MIDDLE INITIAL | A |
|-----------|-----|------------|----------------|---|

| | |
|--------------------|------------------|
| STREET NEW ADDRESS | 1631 113TH DR SE |
|--------------------|------------------|

| | | | | | |
|------|--------------|----|----|-----|-----------|
| CITY | LAKE STEVENS | ST | WA | ZIP | 982582012 |
|------|--------------|----|----|-----|-----------|

| | | |
|-----|--------------|--------------|
| CDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

| | | | | | | | | | | |
|--------------------|--------------|-------|----|-----|---|--------|----------|----|----|------|
| DRIVER'S LICENSE # | DAY**MA325NL | STATE | WA | SEX | M | D.O.B. | MMDDYYYY | 08 | 13 | 1968 |
|--------------------|--------------|-------|----|-----|---|--------|----------|----|----|------|

| | | | | | | | | | | | | |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | 2 | INJURY CLASS | 1 | NATURE OF INJURIES |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|

| | | | | | |
|-----------------|--------|-------|----|------|-------------------|
| LICENSE PLATE # | 337WFH | STATE | WA | VIN# | KMHCM36C77U040224 |
|-----------------|--------|-------|----|------|-------------------|

| | | | |
|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

| | | | | | | | | | | |
|-----------|------|------|------|-------|-------|-------|----|---|----------|---|
| VEH. YEAR | 2007 | MAKE | HYUN | MODEL | ACCHB | STYLE | 2H | VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|------|------|------|-------|-------|-------|----|---|----------|---|

| | |
|------------------------|--|
| REGISTERED OWNER INFO. | MICHAEL DAY 1631 113TH DR SE LAKE STEVENS WA 98258 D: 4252937196 |
|------------------------|--|

| | | | |
|--|-------------------------|------------|--------|
| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> | INSURANCE CO & POLICY # | CITATION # | CHARGE |
| VEHICLE LEGALLY EXAMINED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |



| | | | | | |
|------------------------|------------|---------------|-----|--------|-----------|
| OFFICER'S NAME (PRINT) | M. HINGTEN | BADGE OR ID # | 126 | AGENCY | WA0311900 |
|------------------------|------------|---------------|-----|--------|-----------|



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E328888**

CASE # **14-01176**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Veh #2 was stopped at the posted stop sign to at the southwest entrance/exit to Tom Thumb, 1920 S. Lake Stevens Rd. Veh #1 was proceeding east on 20th St SE and took a left turn into the same entrance/exit. Veh #1 impacted Veh #2 as it turned into the parking lot. Veh #2 sustained damage to the drivers side front corner. The driver of Veh #2 stated that he believed Veh #1 had damage to the drivers side door. The driver of Veh #1 continued north through the parking lot and immediately exited.

The driver of Veh #1 believed the vehicle was a black in color Toyota Tacoma-like pickup truck.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN

05-19-14 05:58 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BOB SUMMERS 079

5/20/2014 5:41:22 PM

BADGE OR ID # **126**

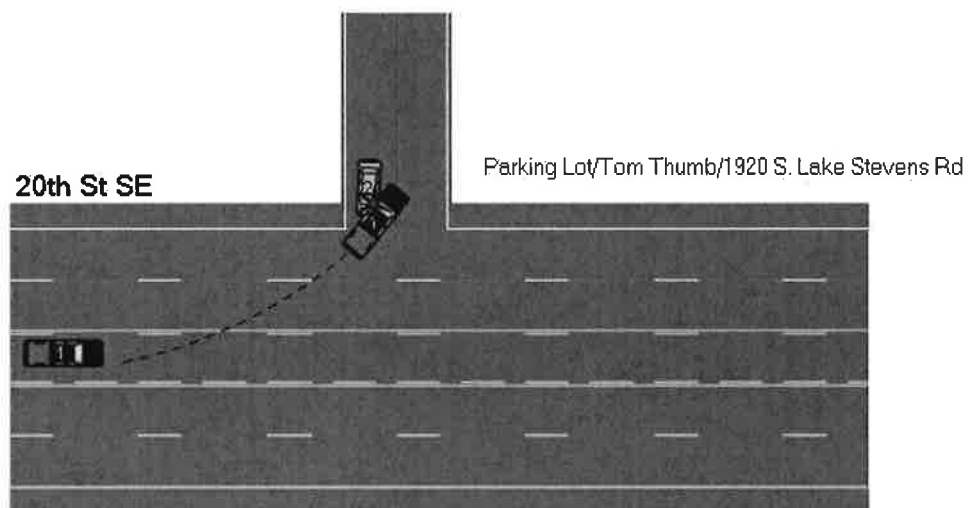
ORI # **WA0311900**

TIME POLICE DISPATCHED **12:47 PM**

TIME POLICE ARRIVED **12:55 PM**



Not to Scale



STATE OF WASHINGTON UNIFORM INCIDENT REPORT

| | | | | | | | | | | | | | | | |
|--|---|--|---|---|---|---|---|--|--|---|--|--|------------------------------------|------------------------------------|-------------------|
| D A T A | AGENCY NAME LAKE STEVENS POLICE DEPT. | | | <input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT | | INCIDENT NUMBER 14-01176 | | | | | | | | | |
| | TYPE OF REPORT COL | | | <input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> PROPERTY <input type="checkbox"/> ARREST <input type="checkbox"/> INFORMATION <input type="checkbox"/> PHONE REPORT | | <input type="checkbox"/> JUVENILE <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE | | <input type="checkbox"/> HATE / BIAS <input type="checkbox"/> ARSON - LOSS \$ <input type="checkbox"/> OTHER | | <input type="checkbox"/> COMPUTER USED <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> ALCOHOL RELATED | | | | | |
| | INCIDENT CLASSIFICATION Vehicle Collision/Hit & Run | | | | | | | | | LANDLORD NOTIFICATION YES <input type="checkbox"/> NO <input type="checkbox"/> INITIAL | | | | | |
| | ADDRESS / LOCATION OF INCIDENT 1920 S. Lake Stevens Rd | | | PREMISES TYPE / NAME Business/Tom Thumb | | | DV PHAMPHLET GIVEN: YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | |
| P E R S O N S / B U S I N E S S E S | REPORTED ON | | | OCCURRED ON OR FROM | | | OCCURRED TO | | | | | | | | |
| | MONTH 05 | DAY 19 | YEAR 14 | TIME 1247 | DOW Mon | MONTH 05 | DAY 19 | YEAR 14 | TIME 1220 | DOW Mon | MONTH 05 | DAY 19 | YEAR 14 | TIME 1247 | DOW Mon |
| | ADDL ON <input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT. | | | CODES: V - VICTIM W - WITNESS O - OTHERS | | B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD | | D - DECEASED RO - REG. OWNER | | TYPE VICTIM CODE: I - INDIVIDUAL B - BUSINESS F - FINANCIAL | | G - GOVERNMENT R - RELIGIOUS S - SOCIETY / PUB | | P - POLICE O - OTHER U - UNK | |
| | NO. V-1 | NON-DISC. | NAME (LAST, FIRST, MIDDLE) Day, Michael A | | | RACE W | ETH | SEX M | DOB 081368 | HGT 600 | WGT 170 | HAIR BRN | EYES HAZ | | |
| | STREET ADDRESS 1631 113th Dr SE | | | | | CITY Lake Stevens | | | STATE WA | ZIP CODE 98258 | RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/> | | | | |
| | RESIDENCE PHONE 425-293-7196 | | BUSINESS PHONE | | OCCUPATION | SOCIAL SECURITY NO | | HATE / BIAS | TYPE VIC | TYPE INJ | VICTIM OF OFNS# OFNDR# | | RELAT. | | |
| | NO. | NON-DISC. | NAME (LAST, FIRST, MIDDLE) | | | RACE | ETH | SEX | DOB | HGT | WGT | HAIR | EYES | | |
| | STREET ADDRESS | | | | | CITY | | | STATE | ZIP CODE | RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/> | | | | |
| | RESIDENCE PHONE | | BUSINESS PHONE | | OCCUPATION | SOCIAL SECURITY NO | | HATE / BIAS | | | | | | | |
| | NUMBER OF SUSPECTS / ARRESTED PERSONS IN THIS INCIDENT: | | | SUSPECT CODES: | | A - ARREST R - RUNAWAY | | S - SUSPECT M - MISSING | | I - INSTITUTIONAL (MENTAL / DETOX) | | X - OTHER | | | |
| NO. | NAME (LAST, FIRST, MIDDLE) | | | RACE | ETH | SEX | DOB | AGE | HGT | WGT | HAIR | EYES | | | |
| ALIAS NAME(S) | | | | IDENTIFIERS | | | | | | | | | | | |
| S U S P E C T / B O A T | STREET ADDRESS | | | CITY | | | STATE | ZIP | RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/> | | RES. PHONE | | | | |
| | EMPLOYMENT / OCCUPATION / SCHOOL | | | BUS. PHONE | | SOCIAL SECURITY NUMBER | | DRIVERS LICENSE / I.D. CARD NO: | | | STATE | | | | |
| | IBR ARREST OFFENSE NO. | | BOOKED / WHERE | | BOOKING # | | CHARGES | | CITATION / WARRANT # / AGENCY | | | BAIL | | | |
| | ARREST DATE | | LOCATION OF ARREST | | | | 1. <input type="checkbox"/> M <input type="checkbox"/> F | | 2. <input type="checkbox"/> M <input type="checkbox"/> F | | 3. <input type="checkbox"/> M <input type="checkbox"/> F | | | | |
| | AFFILIATION | | ON VIEW ARREST <input type="checkbox"/> | CITED Y <input type="checkbox"/> N <input type="checkbox"/> | STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN. | CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED | ARRESTEE ARMED WITH | | PCN / IDENTIFICATION NUMBER | | MULTI CLEAR <input type="checkbox"/> | | | | |
| | JUV. PARENT GDN. NOTIFIED Y <input type="checkbox"/> N <input type="checkbox"/> | NAME / RELATIONSHIP OF PERSON NOTIFIED | | | | DATE / TIME NOTIFIED | | NOTIFIED BY: | | DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/> | | | | | |
| | VEHICLE CODES: | | <input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED # | | <input type="checkbox"/> LOCATED <input type="checkbox"/> TOWED <input type="checkbox"/> EVIDENCE | | <input type="checkbox"/> SEIZED <input type="checkbox"/> ABANDONED | | <input type="checkbox"/> DAMAGED / VANDALIZED <input type="checkbox"/> OTHER | | <input type="checkbox"/> VICTIM'S VEH. <input checked="" type="checkbox"/> SUSPECT'S VEH. | | <input type="checkbox"/> HOLD FOR: | | |
| | NO. | LICENSE NUMBER | STATE | VIN / HULL NUMBER | YEAR | MAKE | MODEL | STYLE | | | | | | | |
| | COLOR | SPECIAL FEATURES / DESCRIPTION | | | | VALUE/STOLEN \$ | DRIVER IS: <input type="checkbox"/> R / O <input type="checkbox"/> PERSON #: | | REGISTERED OWNER'S NAME | | | | | | |
| | VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> DRIVEN AWAY | | | TOW COMPANY NAME / ADDRESS / PHONE | | | STATE TOW NO. | | REGISTERED OWNER'S ADDRESS | | | | | | |
| LOCKED Y <input type="checkbox"/> N <input type="checkbox"/> | KEYS IN VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/> | DELINQ. PAYMENT Y <input type="checkbox"/> N <input type="checkbox"/> | VICTIM CONSENT Y <input type="checkbox"/> N <input type="checkbox"/> | THEFT INS. Y <input type="checkbox"/> N <input type="checkbox"/> | DRIVE-ABLE Y <input type="checkbox"/> N <input type="checkbox"/> | DAMAGE TO VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/> | SPECIFY DAMAGE BY SHADING DAMAGED AREA <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE | | 7 8 | 5 6 | 3 4 | 1 2 | DAMAGE EST \$ | | |
| MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT, (2) MAKING A FALSE REPORT IS A MISDEMEANOR. IF PROPERTY CRIME: I DO NOT GIVE ANYONE PERMISSION TO ENTER MY PREMISES AND / OR TAKE / REMOVE MY PROPERTY / VEHICLE. IF FOUND PROPERTY: I HAVE BEEN ADVISED OF CHAPTER 83 OF THE R.C.W. AND (1) I DO <input type="checkbox"/> I DO NOT WISH TO CLAIM THE PROPERTY IF THE TRUE OWNER CANNOT BE FOUND. | | | | | | | | | | | | | | | |
| <input type="checkbox"/> RELEASED PROPERTY TO _____ <input type="checkbox"/> I DO <input type="checkbox"/> DO NOT ACCEPT LIABILITY FOR TOWING AND STORAGE <input type="checkbox"/> THE NAMED JUVENILE IS PRESENTLY A RUNAWAY <input type="checkbox"/> THE NAMED PERSON IS PRESENTLY MISSING | | | | | | | | | | | | | | | |
| <input type="checkbox"/> I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE <input type="checkbox"/> REQUEST NON-DISCLOSURE PER RCW 42.17.310 (E) | | | | | | | | | | | | | | | |
| SIGNATURE OF PERSON _____ DATE _____ | | | | | | | | | | | | | | | |
| S T A T U S | OFFICER NAME / NUMBER M. Hingtgen #126 | | | AREA S | OFFICER NAME / NUMBER | | | AREA | APPROVED BY | | ASSIGNED | | | | |
| | FORWARD TO: <input type="checkbox"/> DYC <input type="checkbox"/> SUPERIOR | | | PROSECUTOR REVIEW REQUESTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | DISTRIBUTE TO: <input type="checkbox"/> CPS/APS <input type="checkbox"/> DSHS | | | <input type="checkbox"/> DOL HEARING <input type="checkbox"/> DOC/PROBATION | | DATA ENTERED | | DATE | | |

14-01176

LSPD
ORIGINAL

ADDITIONAL NARRATIVE

| | | |
|--|--|--|
| AGENCY NAME LAKE STEVENS POLICE DEPARTMENT | INCIDENT CLASSIFICATION Vehicle Collision/Hit and Run | INCIDENT NUMBER 14-01176 |
| NAME OF VICTIM(S) Day, Michael A (8/13/68) | | |

Narrative:

On 5/19/14 at approximately 1247 hrs., I was dispatched to a cold hit and run collision at Tom Thumb Grocery, 1920 S. Lake Stevens Rd. I arrived and contacted the reporting party, Day, Michael A (8/13/68).

Michael stated that he was exiting the parking lot at the southwest. Michael said that he was waiting to turn with vehicle turned into the parking lot from 20th St SE. Michael said that he believed the vehicle was similar to a black in color Toyota Tacoma with a cargo canopy. Michael said that when the vehicle turned in front of him, he cut the corner and impacted the front drivers corner of Michael's car. Michael said that the driver continued to drive around the building while he yelled at Michael for being stopped there. Michael said that he parked his vehicle and checked the area but was unable to locate the black truck.

There was damage to the front driver's corner. There appeared to be black paint transfer to the corner as well.

I attempted to obtain security surveillance of the incident or the vehicle's exit from Tom Thumb. At the time, the video was malfunctioning and not recording the incident.

At this time there is no further suspect information.

Attachments:

SECTOR Collision

Day -Witness Statement

Recommendations:

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

| | | |
|--|--|---|
| OFFICER NAME / NUMBER M. Hingtgen #126 | APPROVED BY  | APPROVED BY  |
|--|--|---|

**LSPD
ORIGINAL**

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-01176

VICTIM / WITNESS

| | | | | | | | | | | |
|------------------------------------|--|---|-----|---|-------------------|--------------|----------|-------------|---------------|---------------|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE) Day, Michael A. | RACE W | ETH | SEX M | DOB 08/13/1968 | AGE | HGT 6 | WGT 170 | HAIR Brown | EYES Hazel |
| STREET ADDRESS 1631 113th Dr SE | | CITY Lake Stevens | | STATE WA | | ZIP 98258 | | RES. STATUS | | |
| HOME PHONE 425-293-7196 | | CELL PHONE 425-293-7196 | | PLACE OF EMPLOYMENT Orcilly Auto Parts | | | | | | |
| WORK PHONE 360-794-6460 | | EMAIL ADDRESS madmanmike5r@yahoo.com | | | | | | | | |

I, Michael A Day, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

At 12:20 pm on 5/19/2014 a vehicle struck the front driver side of my vehicle while I was exiting Tomb Thumb Grocery on S. Lake Stevens Rd & 20th. The driver yelled out the window but continued to drive away. It was a dark or black truck. I did not see the driver or the license plate number.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

| | | |
|------------------------------------|-----------------------------|---|
| SIGNATURE: <u>Michael A Day</u> | DATE SIGNED: <u>5/19/14</u> | LOCATION SIGNED: <u>Tomb Thumb 20th St.</u> |
| OFFICER/NUMBER: <u>[Signature]</u> | DATE SIGNED: <u>5/20/14</u> | LOCATION SIGNED: <u>LAKE STEVENS</u> |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS14009309

Case Numbers: \$SS14001176

Entered 05/19/14 12:47:18 BY SPCT08 SP0376

Dispatched 05/19/14 12:47:37 BY SPDP17 SP0112

Enroute 05/19/14 12:47:37

Onscene 05/19/14 12:55:26

Closed 05/19/14 13:23:20

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H

Police BLK: SS003 Fire BLK: AG1419 Map Page: 397F-4 Group: SS1 Beat: SOUT

Src: T

Loc: 1920 S LAKE STEVENS RD , LKS -- TOM THUMB GROCERY , LKS btwn S DAVIES RD & 2
0 ST SE (V)

Loc Info:

Name: BAY, MICHAEL

Addr:

Phone: 4252937196

| | | | | |
|-------|----------|--------|------|--|
| /1247 | (SP0376) | ENTRY | | , CC, COLD HIT AND RUN, POSS SUS IFO, RP WAITING |
| /1247 | (SP0112) | DISPER | 19D2 | IN A SIL HYUANDI ACCENT |
| /1255 | | ONSCNE | 19D2 | #SS126 HINGTGEN, OFFICER (MICHAEL) |
| /1255 | (SS126) | REMINQ | 19D2 | MDTVEH, 337WFH, , WA, , , , , , , , , |
| /1300 | (SP0112) | ASNCAS | 19D2 | \$SS14001176 |
| /1323 | | CLEAR | 19D2 | D/H |
| /1323 | | CLOSE | 19D2 | |

LSPD
ORIGINAL